

TOWN OF BROOKFIELD-TOWN BENEFIT  
ELDERLY & TOTALLY DISABLED HOMEOWNERS

\_\_\_\_\_ GRAND LIST

ACCT # \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PROPERTY ADDRESS: \_\_\_\_\_

FILING STATUS: \_\_\_\_\_ MARRIED \_\_\_\_\_ UNMARRIED \_\_\_\_\_ SURVIVING SPOUSE (AGE 60 TO 65)

TOTALLY DISABLED: \_\_\_\_\_ IF APPLICANT IS TOTALLY DISABLED, CURRENT PROOF IS REQUIRED

DID YOU OR WILL YOU FILE A FEDERAL TAX RETURN \_\_\_\_\_ YES (attach copy) \_\_\_\_\_ NO

INCOME RECEIVED DURING LAST CALENDAR YEAR:

- A. GROSS INCOME \_\_\_\_\_  
B. NON-TAXABLE INTEREST \_\_\_\_\_  
C. SOCIAL SECURITY/R.R. RETIREMENT \_\_\_\_\_  
D. ANY INCOME NOT INCLUDED ABOVE \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
E. TOTAL OF LINES A.-D. \_\_\_\_\_

**APPLICANT'S/AUTHORIZED AGENT'S AFFIDAVIT**

The applicant or authorized agent depose that the statement in this application are true and complete and claims tax relief under provisions of the CT General Statutes and Town ordinance.

The property for which tax relief is claimed, is the permanent residence/domicile of the above applicant and applicant must inhabit property for at least 183 days per year in each abated year. Also, he/she is not receiving benefits, State or Town, in any other City/Town in Connecticut.

Penalty for false statements shall result in repayment of all credits, in addition to interest, court costs and attorney fees, if any, and any penalties provided for by the Connecticut General Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE # \_\_\_\_\_ AGENT'S RELATIONSHIP \_\_\_\_\_

ASSESSMENT: \_\_\_\_\_ AMOUNT OF TAX CREDIT: \_\_\_\_\_

APPLICATION RECEIVED: \_\_\_\_\_ % OF PROPERTY OWNED BY THIS  
APPLICANT (IN FEE OR LIFE USE) \_\_\_\_\_

APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO / REASON FOR DENIAL: \_\_\_\_\_

SIGNATURE OF ASSESSOR/ASST ASSESSOR \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_